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10 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No.

2010-12

13 **JAN SVOBODA**  
14 3204 Sweetwater Road  
Lemon Grove, California 91945

**A C C U S A T I O N**

15 Registered Nurse License No. RN 589895

16 Respondent.  
17

18 Ruth Ann Terry, M.P.H., R.N. ("Complainant") alleges:

19 **PARTIES**

20 1. Complainant brings this Accusation solely in her official capacity as the  
21 Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer  
22 Affairs.

23 **License History**

24 2. On or about October 22, 2001, the Board issued Registered Nurse  
25 License Number RN 589895 ("license") to Jan Svoboda ("Respondent"). The license was in full  
26 force and effective at all times relevant to the charges brought herein, and will expire on June 30,  
27 2011, unless renewed.

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1 **JURISDICTION**

2 3. Section 2750 of the Business and Professions Code ("Code") provides, in  
3 pertinent part, that the Board may discipline any licensee, including a licensee holding a  
4 temporary or an inactive license, for any reason provided in Article 3 (commencing with Code  
5 section 2750) of the Nursing Practice Act.

6 4. Code section 2764 provides, in pertinent part, that the expiration of a  
7 license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding  
8 against the licensee or to render a decision imposing discipline on the license. Under Code  
9 section 2811, subdivision (b), the Board may renew an expired license at any time within eight  
10 years after the expiration.

11 **STATUTORY PROVISIONS**

12 5. Code section 2761 states, in pertinent part:  
13 The board may take disciplinary action against a certified or licensed nurse  
14 or deny an application for a certificate or license for any of the following:

15 (a) Unprofessional conduct, . . .

16 6. Code section 2762 states, in pertinent part:

17 In addition to other acts constituting unprofessional conduct within the  
18 meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct  
for a person licensed under this chapter to do any of the following:

19 (a) Obtain or possess in violation of law, or prescribe, or except as  
20 directed by a licensed physician and surgeon, dentist, or podiatrist administer to  
21 himself or herself, or furnish or administer to another, any controlled substance as  
defined in Division 10 (commencing with Section 11000) of the Health and Safety  
Code or any dangerous drug or dangerous device as defined in Section 4022.

22 . . . .

23 (e) Falsify, or make grossly incorrect, grossly inconsistent, or  
24 unintelligible entries in any hospital, patient, or other record pertaining to the  
substances described in subdivision (a) of this section.

25 **COST RECOVERY**

26 7. Code section 125.3 provides, in pertinent part, that the Board may request  
27 the administrative law judge to direct a licensee found to have committed a violation or

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1 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation  
2 and enforcement of the case.

3 8. **DRUGS**

4 "Percocet," a brand name for **Oxycodone**, is a Schedule II controlled substance,  
5 as designated by Health and Safety Code section 11055, subdivision (b)(1)(N).

6 "Versed," a brand name for **Midazolam**, is a Schedule IV controlled substance as  
7 designated by Health and Safety Code section 11057, subdivision (d)(1).

8 "Norco," a brand name for **Hydrocodone**, is a Schedule II controlled substance  
9 as designated by Health and Safety Code section 11055(b)(1)(j) and a dangerous drug per  
10 Business and Professions Code section 4022.

11 "Ativan," a brand name for **Lorazepam**, is a Schedule IV controlled substance  
12 pursuant to health and Safety Code section 11057(d)(16), and a dangerous drug per Business and  
13 Professions Code section 4022.

14 "Valium," a brand name for **Diazepam**, is a Schedule IV controlled substance as  
15 designated by Health and Safety Code Section 11057(d)(9), and is a dangerous drug pursuant to  
16 Business and Professions Code section 4022.

17 **FIRST CAUSE FOR DISCIPLINE**

18 **(Incorrect and/or Inconsistent Entries in Hospital and/or Patient Records)**

19 9. Respondent is subject to disciplinary action under Code section 2761,  
20 subdivision (a), on the grounds of unprofessional conduct, as defined in Code section 2762,  
21 subdivision (e), in that while on employed as a registered nurse at Sharp Memorial Hospital in  
22 San Diego, California from April 3, 2006 until his termination on August 4, 2006, Respondent  
23 made grossly incorrect or grossly inconsistent entries in hospital and/or patient records, as  
24 follows:

25 **Patient 1 # 40576862**

26 a. On April 14, 2006, at 1708 and 1900 hours, each time, Respondent  
27 withdrew two Vicodin tablets from the hospital's Pyxis machine for this patient. At 1700 hours  
28 and 1900 hours, each time, Respondent charted the administration of the two tablets of Vicodin

1 in the patient's Medication Administration Record. However, Respondent's administration of  
2 the Vicodin tablets at *two* hour intervals was inconsistent with the physician's orders, which  
3 prescribed Vicodin administration at *three* hour intervals.

4 Patient 2 #40633690

5 b. On June 25, 2006, at 1239 hours, Respondent withdrew 5 mgs. of Versed  
6 from the hospital's Pyxis machine for this patient. At 1240 hours, Respondent charted the  
7 administration of 1 mg. of Versed in the patient's Medication Administration Record. However,  
8 Respondent failed to account for the wastage or disposition of the remaining 4 mgs. of Versed in  
9 any patient record or hospital record.

10 Patient 3 #40656001

11 c. On July 14, 2006, at 1210 hours, Respondent withdrew a 5 mg tablet of  
12 Diazepam from the hospital's Pyxis machine for this patient without a physician's order.  
13 Respondent did not chart the administration of the Diazepam in the patient's Medication  
14 Administration Record. Respondent also failed to account for the wastage or disposition of the  
15 Diazepam in any patient record or hospital record.

16 Patient 6 #40638323

17 d. On June 23, 2006, at 1932 hours, Respondent withdrew 4 mgs of  
18 Morphine from the hospital's Pyxis machine for this patient. At 1940 hours, Respondent charted  
19 the administration of 3 mgs of Morphine in the patient's Medication Administration Record.  
20 Respondent failed to account for the wastage or disposition of the remaining 1 mg of Morphine  
21 in any patient record or hospital record.

22 e. On June 23, 2006, at 1934 hours, Respondent withdrew 2 mgs of  
23 Lorazepam from the hospital's Pyxis machine for this patient. Respondent did not chart the  
24 administration of the Lorazepam in the patient's Medication Administration Record. Respondent  
25 also failed to account for the wastage or disposition of the Lorazepam in any patient record or  
26 hospital record.

27 f. On June 23, 2006, at 2006 hours, Respondent withdrew 10 mgs of  
28 Morphine from the hospital's Pyxis machine for this patient. Respondent did not chart the

1 administration of the Morphine in the patient's Medication Administration Record. Respondent  
2 also failed to account for the wastage or disposition of the Morphine in any patient record or  
3 hospital record.

4 g. On June 23, 2006, at 2007 hours, Respondent withdrew 2 mgs of  
5 Lorazepam from the hospital's Pyxis machine for this patient. Respondent did not chart the  
6 administration of the Lorazepam in the patient's Medication Administration Record. Respondent  
7 also failed to account for the wastage or disposition of the Lorazepam in any patient record or  
8 hospital record.

9 h. On June 23, 2006, at 2148 hours, Respondent withdrew 2 mgs of  
10 Lorazepam from the hospital's Pyxis machine for this patient. Respondent did not chart the  
11 administration of the Lorazepam in the patient's Medication Administration Record. Respondent  
12 also failed to account for the wastage or disposition of the Lorazepam in any patient record or  
13 hospital record.

14 i. On June 23, 2006, at 2149 hours, Respondent withdrew 4 mgs of  
15 Morphine from the hospital's Pyxis machine for this patient. At 2200 hours, Respondent charted  
16 the administration of 3 mgs of Morphine in the patient's Medication Administration Record.  
17 Respondent failed to account for wastage or disposition of the remaining 1 mg of Morphine in  
18 any patient record or hospital record.

19 j. On June 24, 2006, at 0033 hours, Respondent withdrew two 5 mg tablets  
20 of Hydrocodone (Norco) from the hospital's Pyxis machine for this patient. Respondent did not  
21 chart the administration of the Hydrocodone in the patient's Medication Administration Record.  
22 Respondent also failed to account for the wastage or disposition of the Hydrocodone in any  
23 patient record or hospital record.

24 k. On June 24, 2006, at 0037 hours, Respondent again withdrew two 5 mg  
25 tablets of Hydrocodone (Norco) from the hospital's Pyxis machine for this patient. Respondent  
26 did not chart the administration of the Hydrocodone in the patient's Medication Administration  
27 Record. Respondent also failed to account for the wastage or disposition of the Hydrocodone in  
28 any patient record or hospital record.

1           l.       On June 24, 2006, at 0030 hours, Respondent again withdrew two 5 mg  
2 tablets of Hydrocodone (Norco) from the hospital's Pyxis machine for this patient. Respondent  
3 did not chart the administration of the Hydrocodone in the patient's Medication Administration  
4 Record. Respondent also failed to account for the wastage or disposition of the Hydrocodone in  
5 any patient record or hospital record.

6                   Patient 7 #40628693

7           m.       On June 16, 2006, at 0912 hours, Respondent withdrew 2 mgs of  
8 Morphine from the hospital's Pyxis machine for this patient. Respondent did not chart the  
9 administration of the Morphine in the patient's Medication Administration Record. Respondent  
10 also failed to account for the wastage or disposition of the Morphine in any patient record or  
11 hospital record.

12           n.       On June 16, 2006, at 0952 hours, Respondent withdrew two 5 mg tablets  
13 of Hydrocodone (Norco) from the hospital's Pyxis machine for this patient. Respondent did not  
14 chart the administration of the Hydrocodone in the patient's Medication Administration Record.  
15 Respondent also failed to account for the wastage or disposition of the Hydrocodone in any  
16 patient record or hospital record.

17                   Patient 8 #40619471

18           o.       On June 16, 2006, at 0936 hours, Respondent withdrew one 5 mg tablet of  
19 Oxycodone (Percocet) from the hospital's Pyxis machine for this patient. Respondent did not  
20 chart the administration of the Oxycodone in the patient's Medication Administration Record.  
21 Respondent also failed to account for the wastage or disposition of the Oxycodone in any patient  
22 record or hospital record.

23           p.       On June 16, 2006, at 1401 hours, Respondent withdrew two 5 mg tablets  
24 of Oxycodone (Percocet) from the hospital's Pyxis machine for this patient. Respondent did not  
25 chart the administration of the Oxycodone in the patient's Medication Administration Record.  
26 Respondent also failed to account for the wastage or disposition of the Oxycodone in any patient  
27 record or hospital record.

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Patient 9 #40640317

q. On July 6, 2006, at 2050 hours, Respondent withdrew two 5 mg tablets of Hydrocodone (Norco) from the hospital's Pyxis machine for this patient. Respondent did not chart the administration of the Hydrocodone in the patient's Medication Administration Record. Respondent also failed to account for the wastage or disposition of the Hydrocodone in any patient record or hospital record.

**SECOND CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct - Unlawfully Obtaining/Possessing  
Controlled Substances and/or Dangerous Drugs)**


10. Respondent is subject to disciplinary action under Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined in Code section 2762, subdivision (a), in that while employed as a registered nurse at Sharp Memorial Hospital in San Diego, California, Respondent obtained or possessed dangerous drugs in violation of the law as set forth in paragraph 11, above, which is incorporated here by this reference.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number RN 589895 issued to Jan Svoboda;
2. Ordering Jan Svoboda to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Code section 125.3; and,
3. Taking such other and further action as deemed necessary and proper.

DATED: 7/9/09

  
RUTH ANN TERRY, M.P.H., R.N.  
Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
Complainant